DISTRICT OF COLUMBIA INCIDENT/ACCIDENT

PROPERTY DAMAGE/GENERAL LIABILITY

REPORT FORM

This form is used to report incidents/accidents related to property damage or unusual occurrences.

PART I: DC EMPLOYEE REPORTING INCIDENT/ACCIDENT:

Contact Information (Last Name, First Name, M.I.)
_____ Job Title/Position: _____
Agency: _____ Address: _____
Work Phone #: ( ) _____- _____ Date Reported: _____

PART II: INCIDENT/ACCIDENT TYPE:

___ Employee Accident ___ Non-Employee Accident ___ Property Damage

___ Complaint ___ Incident Only ___ Incident/ Follow-up Requested

___ Air or Water Contamination ___ Fire ___ Other

Explanation: _____

PART III: CAUSE OF INCIDENT/ACCIDENT:

___ Equipment Failure ___ Human Error ___ Policy Failure

___ Unsound Structure ___ Weather ___ Not Identified

___ Other

PART IV: INCIDENT/ACCIDENT INFORMATION:

Date of Accident/Incident: _____ Accident/Incident Location Address: _____
Time of Accident/Incident: _____ _____
Location Type:
___ Government Facility ___ Private Property ___ Public Space ____ Not Identified __ Other: _____

PART V: CLAIMANT INFORMATION:

_____	_____	_____	_____
Last Name	First Name	M.I	Date of Birth

Address: _____

Work Phone #: ( ) ____ - _____ Home Phone #: ( ) _____- _____

Mobile Phone #: ( ) _____- _____ Social Security #: _____-_____-_____

Medical Information:
Was the claimant taken to the hospital via personal car/ambulance? __ No __ Yes Ambulance #: _____
Was the claimant admitted? __ No __ Yes: Date _____
Name of Hospital: _____Hospital Address: _____
Treating Physician: _____

Insurance Information: *(property damage usage only)*
Name of Carrier: _____
Primary Name on Policy: _____ Policy #: _____
Phone #: _____
Do you have insurance? ___ Yes __ No Did you report incident to your insurance company? ___ Yes ___ No

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PART VI: ADDITIONAL PARTIES INVOLVED:

_____	_____	_____	_____
Last Name	First Name	M.I	Date of Birth

_____	_____	____	_____	(___)_____
Address	City	State	Zip Code	Contact Phone#

PART VII: ACCIDENT/INCIDENT DESCRIPTION:

_____
_____
_____

DAMAGED PROPERTY *(Please use the space below to provide a detailed description of damaged articles, nature/extent of damage, date of purchase, where purchased, and cost at time of purchase.)*

_____
_____
_____
_____
_____

FAX COMPLETED FORM TO: (202) 727-0249